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THE APPLICATION OF LEECHES.

ON this subject M. Lisfranc, in his new work on Clinical Surgery, favors us with many canons: we must content ourselves with a few of them.

1. The cicatrices of leech-bites being often very apparent, we ought to refrain, if possible, from applying them to parts habitually exposed; if used there, the animals should be small. 2. In children and females of delicate skin, the course of large veins should be avoided, especially in the neck. 3. Leeches on the eyelids produce unseemly ecchymosis, and often an œdematous erysipelas; they should be placed, instead, on the temple, along the roots of the hair, or behind the ears. This statement we think is too sweeping. To the general eyelid we grant that leeches are inapplicable, for the reasons stated; but we are in the habit of placing them on the inner angle, immediately beneath the tendon of the orbicularis—limiting them to that spot; and not only do we get much blood, but besides untoward results are a rarity. 4. Leeches to the inner surface of the eyelids are ineffectual as evacuants, and the bites prove injuriously irritant. Consequently, scarifications are here preferable. 5. In inflammation of the fauces, leeches should be placed over the mastoid processes or behind them; there the results are not seen, and moderate pressure readily commands bleeding. 6. In applying leeches to the epigastrium, let none fasten over the costal cartilages; otherwise, the movement of these is likely to entail a troublesome bleeding. M. Lisfranc has known it prove fatal. 7. In leeching a part where there is much subcutaneous fat, but little blood will flow; in such circumstances therefore it will be prudent to increase the number of leeches, or aid them by venesection. 8. Do not place leeches where there are many subcutaneous nerves; the pain will be great; erysipelas may result. For example, in leeching the forearm, prefer the dorsal to the palmar aspect. 9. Leeches should not be applied to the mucous membrane of the vulva, nor to the immediate neighborhood of the rectum; the bites are apt to degenerate into troublesome ulcers; applied round the margin they are equally potent as remedial agents. 10. The scrotum, prepuce, the skin of the penis, should not be directly leeched; the pain is excessive; inflammation and gangrene have resulted; when the leeches are placed behind the scrotum on the raphe, the result is in every way satisfactory. 13. By leeching the skin investing the mamma great pain is occasioned, and erysipelas not unfrequently results; the surrounding integument is the preferable site. 14. If possible, leeching of inflamed skin ought to be avoided. Here we most cordially agree with M. Lisfranc, and fear not to pronounce that

leeching in erysipelas, for example, is far too frequent in practice; as in the eyelids, it fails as an evacuant, and proves a direct irritant; thereby aggravating the evil. When local abstraction of blood is demanded, in such circumstances, leeches are to be superseded by punctures and incisions, according as the nature of the individual case may require. 16. Leech-bites on a syphilitic bubo are, according to the experience of M. Lisfranc, liable to ulcerate and assume the venereal characters; the occurrence, however, he admits to be rare. 17. Do not leech a fractured limb at the site of the injury, otherwise degeneration of the bites may materially interfere with the efficiency of the retentive apparatus. 18. Leeching seems to be a favorite mode whereby M. Lisfranc combats strangulation of hernia; for obvious reasons, the leeches are not applied over the tumor, but in its neighborhood. 19. When in doubt as to the nature of a tumor, leeches may sometimes seem a good tentative application. Do not apply them *to* the tumor, however, but *near* it; otherwise, should the swelling prove carcinomatous, these leech-bites may be the means of accelerating the open or advanced condition of that loathsome disease.

Touching this subject of leeching tumors, simple or not, with the view of obtaining absorption of the adventitious growth—we are sorry to find M. Lisfranc apparently so pleased with the proceeding. We hate it altogether, along with the whole catalogue of absorbents and discutients in such circumstances: having fully made up our minds not only as to their total inefficiency to do what is expected of them, but also as to the certainty of their doing evil; and we gladly avail ourselves of this opportunity to record our opinion upon the subject. It is only on the simplest form of tumor, the mere enlargement of texture, or simple sarcoma, that leeching and discutients can have any beneficial effect. This is the only adventitious growth that will or can yield to discutients. Some others may have their onward progress delayed by occasional leechings; but this is fruitless as to cure; and, as consuming valuable time which ought to have been employed in the only radical mode of treatment, the practice becomes absolutely hurtful. All other tumors are injured by counter-irritants, and other so-called discutients of the active class; for instead of stimulating the absorbents alone, they also, and more especially, excite the perverted *nutritive* action to further activity; the tumor grows apace; forms new attachments; stretches through its capsule; becomes incorporated with new parts; and, what is worse, is certain sooner or later to degenerate as to the character of perverted deposit—from sarcomatous to carcinomatous, encephaloid, melanoid or fungus hæmatodes, or these evil products in varied combination. By suppuration, a scrofulous tumor is broken down; and, after the integuments have given way, it may gradually disappear by disintegration. A fibrous or a fatty tumor may be isolated from its connections by a suppurative inflammation, and come away in a sphacelus. But such fortunate accidents are rare even to such tumors; and none of these will discuss by absorption. How often do we see this broad and important principle for which we contend, illustrated in the theatres of our hospitals? A patient is placed there for excision of a tumor, the integuments over which are

seamed and scarred by leech-bites, pustules of tartar-emeti, issues, cauterizations, flayings by acid, &c. ; whose history at its origin was one of an obviously simple and then innocuous formation. Then it could have been removed almost by simple incision ; but now it will require a tedious, difficult, and dangerous dissection ; and its section after all will probably display a structure of such an unpromising aspect as to give a very gloomy character to the prognosis. All this untoward chain of events is in many cases solely the result of discutient treatment, grossly misapplied ; and the sooner such untoward attempts are extruded from the practice of surgery the better it will be for suffering humanity.—*British and Foreign Medical Review.*

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#### MALIGNANT SCARLATINA.

IN the eleventh No. of the Stuttgart and Prague Selections on the Diseases of Children, besides many other very interesting papers, we meet with the account, by Professor von Ammon, of Dresden, of an epidemic of malignant scarlet fever which prevailed in that city during six months, at the close of 1831 and beginning of 1832. In October, 1831, several cases of scarlatina simplex appeared in one of the suburbs of Dresden, and ran a favorable course, but in other parts of the city many children died from a cerebral affection which was unattended with any trace of an eruption, but proved very rapidly fatal. In the middle of December cases of scarlet fever became much more numerous, and in January, 1832, the disease was prevailing epidemically in all parts of the city. It attacked both sexes, and persons of all ages, and medicine did not seem to exert much influence on its course, death or recovery frequently occurring when least anticipated.

The onset of the disease was sometimes announced by the usual premonitory symptoms ; but often persons were attacked by pneumonia, and expectorated blood, till with the appearance of the rash of scarlet fever all signs of disease of the respiratory organs disappeared. Children were sometimes seized while at play with violent headache ; they fell into a sleep succeeded by coma or convulsions, and died within twenty-four hours. In others the eruption suddenly broke out while they were apparently in perfect health, and the fever ran its course without the super-vention of a single bad symptom. The exanthema presented very various appearances, and its eruption was frequently accompanied with an extremely dangerous affection of the nares, throat, and respiratory organs, from which an ichorous secretion was poured out. The heat of the skin was great and pungent, the pulse was extremely frequent, and, though large, extraordinarily feeble. In those who died during the fever, head affections were the most frequent cause of the fatal result, but sequelæ of all kinds were very numerous and severe, and the dropsy which followed desquamation was especially to be dreaded.

Great turgescence of the vessels of the brain and congestion of the dependent parts of the lungs were generally found after death. In the body of one patient the whole substance of the heart showed marks of

inflammation, which had terminated in gangrene. Several bullæ existed on the surface of the liver, and there were large ecchymoses on various parts of the intestines. The whole of the corpse gave out an insupportable gangrenous odor. These appearances were met with only in one case; but in all, the right cavities of the heart had a peculiar red color, and the heart as well as the large arterial trunks contained large, firm, fibrinous coagula.

The treatment of the epidemic presents nothing of particular moment. Depletion was never found to be useful; but in many of the worst cases great benefit resulted from the administration of large doses of the carbonate of ammonia, as six or eight grains every hour.

Dropsy occurred in a great proportion of the cases. It was frequently accompanied with violent palpitation and other signs of affection of the heart, requiring the free use of local depletion. Antiphlogistic measures and mild diuretics led to the recovery of the patient in many instances; but not unfrequently, after the dropsy had been got rid of, and many days or even weeks of tolerable health had elapsed, inflammation was again set up in some internal organ, and purulent effusions were found after death in the pleura, pericardium, or between the muscles.

If the inflammatory affection of the heart was overlooked at the outset, it often happened that the dropsy disappeared; but organic disease of the heart remained behind, under which the patients sank after some severe and protracted suffering.—*Ibid.*

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#### DEATH FROM PEAS.

BY GEORGE JOHNSON, PHYSICIAN'S ASSISTANT, KING'S COLLEGE HOSPITAL.

THE following case is in some degree interesting, as affording a curious example of a mechanical cause giving rise at the same time to obstruction of the bowels and retention of urine.

John Lydbury, æt. 60, laborer, was brought to the hospital on Monday, June 27th, when it was stated that, since Wednesday the 22d, he had been laboring under obstruction of the bowels, which he attributed to his having eaten a large quantity of peas on the 21st; and that since Friday the 24th there had been retention of urine. During the interval between the 22d and the 27th, when he came to the hospital, he had severe pain in the abdomen, bilious vomiting, and constipation, for which he took purgative medicines, but without effect. At the time of his admission he was very much debilitated, the features pale and shrunk, the skin cold, the pulse feeble. As he was being carried in a chair up to the ward, he suddenly fell, and expired almost immediately.

On examining the body, twenty-six hours after death, the bladder was found excessively distended, its apex reaching the umbilicus, while its base nearly filled up the brim of the pelvis, and compressed the large intestine as it passed over the brim into the cavity of the pelvis. The stomach was healthy, and contained about an ounce of liquid. The small intestines were distended with gas; the colon contained a considerable quantity of soft feculent matter, and was, besides, much distended



with gas. The cause of the obstruction was found to exist in the rectum, which contained upwards of a pint of common grey peas: these had been swallowed in a dry state, and almost without mastication: they had undergone no other change in their passage through the intestine than that of becoming swollen by the absorption of moisture; some of them were mixed with the fecal matter in the colon, but the greater number had accumulated in the rectum, where they formed a solid mass which occupied almost the entire pelvic cavity: this mass had pushed upwards the bladder and prostate, and compressed the urethra so as to render impossible the evacuation of the bladder by any effort on the part of the patient. It was with considerable difficulty that a catheter was introduced into the bladder after death; the sensation communicated by the passage of the instrument over the uneven mass, which was pressing upon the urethra, gave rise to the idea that there was stricture, but the canal was found to be quite free from disease. No appearance of disease in any other part of the body.—*London Med. Gazette.*

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CASE OF AMPUTATION OF THE LEG, WITH SOME OBSERVATIONS  
ON A NEW MODE OF AMPUTATING.

BY THOMAS GREEN, SURGEON TO ST. PETER'S HOSPITAL, ETC.

JAMES ALLPASS, aged 34, a butcher, was admitted into St. Peter's Hospital, on February 22, 1842, under the care of Mr. Green.

About four years ago the patient met with an accident, which caused a severe compound fracture of the right leg. After some time the bone united, not in a straight line, but obliquely, and there is now a considerable projection of bone at the seat of the fracture, around which the skin has been extensively ulcerated for some time. He has been repeatedly in the Hospital: on each occasion the state of the ulceration was improved; but immediately on attempting to walk, it again degenerated into a state of foul extensive ulceration. On admission, the ulcer was in a sloughing condition, with copious sanious discharge; the surrounding skin was of a fiery red color, and the whole extremely painful; the limb is shortened, and he cannot bring the heel to the ground; tongue coated; pulse quick; complains of cough and loss of rest.

Finding that the leg was entirely useless, and that he had suffered in general health from the last extension of ulceration, he consented to the removal of the limb; but the operation was deferred until he was in a fit state to undergo it.

March 6th.—The cough has now ceased; tongue clean; pulse natural; he sleeps well; the ulceration is in an improved condition, and the skin healthy below the knee.

Mr. Green decided on performing the flap amputation, but in a different manner from that in which it is usually done. A transverse incision having been made across the front of the leg, through the skin, another was made through the integument at the back of the limb, including a large portion of the calf, and leaving skin enough to cover the flap of muscle, which was next formed by passing the catlin through

the leg a short distance behind the bones, and cutting out in the usual way; the remaining muscles were divided by a transverse incision passing between the bones, which were next sawn through, and the arteries tied. Hæmorrhage still continued from a large vein, which it became necessary to secure by ligature. Three sutures and pieces of strapping were applied to keep the posterior flap in apposition. Cold cloths to be constantly applied to the stump, and to take immediately half a grain of acetate of morphia in a draught.

9th.—The patient has had no unfavorable symptoms whatever until this morning, when hæmorrhage came on from the stump, from which he lost a considerable quantity of blood; the tourniquet was immediately placed round the thigh, and secured, by which the bleeding was arrested. He states that the limb has started occasionally during the night. His system shows the effects of the loss of blood; his face and lips are pallid; feels faint and cold; pulse quick and small; tongue pale and tremulous. Cold-water dressings to be constantly applied to the stump; to take at once half a grain of acetate of morphia; the tourniquet to be kept loosely over the femoral artery, and tightened immediately on the appearance of fresh hæmorrhage.

12th.—There has been no further bleeding until this morning, when the stump bled again to some extent in a few minutes; the tourniquet was immediately tightened, and the hæmorrhage was stopped. Mr. Green having been sent for, directed the same means to be used; the man to be kept perfectly quiet, and closely watched. He stated that, on the return of any fresh hæmorrhage, he would apply a ligature round the femoral artery, considering it useless in the present stage of the wound to attempt to secure the bleeding vessel by opening the stump.

17th.—There has been no loss of blood since last report; a considerable portion of the wound on the fibular side has united.

April 6th.—The wound has entirely healed, except where one ligature hangs out; the others have come away. His general appearance is much improved.

20th.—The ligature only came away to-day, repeated gentle attempts having failed to bring it away previously; stump healed, and in good condition.

On the method of operating resorted to in this case, Mr. Green made the following remarks at the next surgical lecture at the medical school:—

The mode of operating employed in this case I first tried a few months ago at St. Peter's Hospital, on a man named Morris, and found that by it all the inconveniences alluded to were avoided, for the man left the house with an exceedingly good stump, and now makes good use of his vocation as a sweeper of one of the crossings at Clifton. I shall now describe the operation as I performed it yesterday, and if you examine the limb removed, which lies on the table, you will easily understand its stages. An incision was made anteriorly across the fore part of the leg, in the usual situation, about two inches below the tuberosity of the tibia; it extended from the inner angle of that bone to a point behind the fibula; from the termination of this incision, on the

inner side of the leg, the knife was carried downwards, to some extent, next across the limb posteriorly in a curved line, and brought up at the outer side, so as to unite with the front incision behind the fibula. In this manner a portion of integument was divided, which might be correctly described as representing two thirds of an oval figure. This incision should go through the skin and subjacent tissue, down to the fascia covering the muscles; the contraction of the integument itself, with a trifling assistance, by drawing the skin upwards, leaving a separation of about half an inch between the edges of the incision. A long catlin was now pushed through the leg, about one third of an inch behind the bones, and carried downwards, and next backwards, so as to make a flap of muscle, its edges corresponding with those of the retracted integument. The remaining muscles were next divided transversely; in this division are contained the large vessels and nerves, which are those cut transversely. The bones were separated, the sharp angle of the tibia was sawn off, and the arteries secured in the usual way. The flap, when brought up over the face of the stump, was entirely and abundantly covered by skin; three sutures were used, assisted by two broad pieces of strapping; a cloth wetted in cold water was applied over the stump, and the man removed. I prefer sutures in this operation, on account of the weight of the flap having a tendency to draw it down, and thus separate it from the anterior surface: these I always remove on the third day, and have not found any inconvenience from their use.—*Provincial Medical Journal*.

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#### THE USE OF THE FORCEPS—CASES.

1. A WOMAN, ætat. 30, had been in labor three days and nights, under the care of a midwife. It was the first child. The orifice of the uterus was not fully dilated and rigid; the vagina tender and swollen; the abdomen tense, and painful on pressure; tongue loaded; urgent thirst; countenance flushed; pulse rapid and feeble. For twelve hours the pains had grown weaker. The head of the child was strongly compressed and much swollen, and the greater part of it above the brim of the pelvis. *An ear could not be felt*, and the hollow of the sacrum was empty. The practitioner introduced the blades of the long forceps with great difficulty; and it was still more difficult to make them lock. Strong traction was then made for several minutes, and the blades slipped off the head. They were re-introduced, and the efforts to extract renewed, till the instruments again slipped off. These attempts were repeated till the practitioner was overpowered with fatigue. The head was then perforated and extracted with the crotchet. Violent inflammation and sloughing of the vagina followed, which produced a vesico-vaginal fistula.

2. On the 12th July, 1823, a woman, ætat. 26, had been fifty hours in labor with her first child. The membranes had been ruptured two days; the pains had nearly ceased; the pulse quick and skin hot; the pupils dilated, and there existed slight convulsive tremors of the

face and limbs. She was occasionally incoherent. The orifice of the uterus was fully dilated; the external parts rigid, hot and swollen. The head of the child was firmly squeezed into the brim of the pelvis, but the greater part had not passed through it. The bones overlapped much, and a large tumor of the scalp was formed. A copious venesection was employed, and soon after two severe fits of convulsion took place. The blades of the long forceps were applied, but they slipped off the head, as in the former case, when an attempt was made to extract, and the delivery was completed by craniotomy. In a few hours consciousness returned, and no more fits were experienced; but on the third day hysterics took place, from which she recovered with the greatest difficulty.

3. In April, 1832, a woman had been in labor sixty hours, and attended by a midwife. I found the os uteri thick, rigid, and imperfectly dilated; the bones of the head squeezed firmly into the pelvis, and not sufficiently low down to allow the ear to be felt. The ergot had been administered several times by the midwife, and it was said to have increased the strength of the pains. In this case the forceps could do nothing but mischief. The head was opened, and the fœtus extracted. On the 11th of April, 1833, this woman was again delivered by craniotomy.

In the autumn of 1834, she was attended by two gentlemen, who administered the ergot freely, and made repeated attempts to deliver with the forceps, the blades of which had lacerated the vagina extensively on the left side. The vagina and outward parts were enormously swollen and inflamed. The head was so fast wedged in the brim of the pelvis, that it was difficult to pass the finger around it. The abdomen tense and painful, and the bladder filled with urine. Incessant vomiting, and complete exhaustion. The head was immediately opened, and extracted, but she died in less than twenty-four hours.

4. A patient had been thirty hours in labor, and the head had made but little progress for twenty hours. The occiput was to the right ischium, and the left ear was immediately behind the symphysis pubis. The other ear could not be felt. After dilating the external parts, the blades of the forceps were easily applied and locked, and the head extracted without much force. The child was alive, and had sustained no injury.

5. A case of tedious labor, with face presentation. The head had not advanced for ten hours. The face was much swollen. The child was extracted with the forceps alive and uninjured. The mother did well.

6. A patient, at 2, P. M., had been in labor twenty-four hours. The os uteri was rigid, and little more than half dilated; the membranes were ruptured; the head had not passed into the cavity of the pelvis; pulse strong and frequent; tongue loaded; much thirst; abdomen tender. The pains were regular, but had little effect upon the head. Twelve ounces of blood were drawn from the arm, and an opiate clyster given.

At 9, P. M., the os uteri was fully dilated, and the head so low in the pelvis that the ear could be easily felt. As symptoms of exhaustion were beginning to appear, I applied the forceps with great care, and completed the delivery in half an hour. The child was alive, and the mother recovered.

7. Mrs. P., first pregnancy, full period. Returned home after midnight from a large dinner party, at which she had partaken of a variety of dishes and wines, and had been seated near a large fire. Labor came on at 4, A. M., and soon after she became incoherent, and said she felt her teeth falling out of her head. On attempting to drink some warm tea, she bit a large piece from the edge of the China cup, and crushed it between her teeth. Violent convulsions immediately followed. Copious venesection and an enema gave no relief. In an hour and a half the head of the child was within reach of the forceps, and it was applied, and the child was soon extracted alive. Although every precaution was taken to prevent any injury being inflicted on the mother during the time the head was being extracted, the perineum was extensively lacerated, from the impossibility of retaining her an instant in the same position. She died at 11, A. M. The child lives.

Of forty cases, in none did anything but mischief result from the use of the instrument before the greater part of the head had passed through the brim of the pelvis, and the orifice of the uterus was fully dilated. In no case was the employment of the forceps advantageous where the blades were applied and locked with great difficulty, and great force required to extract the head of the child. The lives of eleven children were saved, which otherwise must have been sacrificed, out of the forty-two, by the forceps, and the death of only three of the mothers can be referred to its injudicious use. Sixteen, however, suffered more or less severely from laceration, and sloughing of the perineum, vagina, bladder and rectum. By a little more caution most of these bad consequences might have been altogether obviated.—*Dr. Lee's Clinical Reports on Midwifery.*

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REMARKS ON SOME PHARMACEUTICAL PREPARATIONS OF LOBELIA INFLATA.

BY W. PROCTER, JR.

THE only preparation of lobelia inflata which has been recognized by the Pharmacopœia, is the tincture. It has been generally admitted, both by Thomsonians and others, that heat exercises an injurious influence on the activity of this plant, and hence preparations in which heat is requisite have been necessarily dispensed with. In some observations of a chemical character on this plant, published in the thirteenth volume of the Journal of Pharmacy, the writer demonstrated several of the conditions under which this change by heat takes place, and showed that while the active principle in a free state was readily destroyed by heat, when it was in saline combination with an acid, it was capable of being subjected to a heat of 212 degrees Fahr., without injury.

Any one may be satisfied of this, by making two decoctions of lobelia, into one of which a small quantity of carbonate of potassa is thrown, and into the other as much acetic acid. The former will possess none of the peculiar acrimony of the plant; the latter, all.

The object of this communication is to take advantage of the above

suggestion in making several pharmaceutical preparations which require heat in the formation. It is believed that lobelia inflata has yet to receive from professional men that share of attention which it deserves, and it is hoped by presenting to the practitioner the virtues of the plant in a condensed form, that he will take up the subject.

*Acetous Extract of Lobelia inflata.*—Take of lobelia seed, bruised, eight ounces; diluted alcohol, four pints; acetic acid, one fluid ounce. Macerate the bruised seed in the diluted alcohol, to which the acetic has been added, for forty-eight hours, then throw the whole on a displacement filter, and after the liquid has ceased to pass, add sufficient diluted alcohol, that four pints of tincture shall be obtained. Evaporate this by means of a water bath, until it attains the consistence of an extract. The product thus obtained is about one eighth of the seed employed. In this form (as a pill) lobelia can be administered without that peculiar disagreeable effect upon the fauces, so characteristic of its exhibition in the form of tincture.

*Vinegar of Lobelia inflata.*—Take of lobelia, in powder, four ounces; diluted acetic acid or distilled vinegar, a pint and a half. Macerate the lobelia in the dilute acid, for twelve hours, and subject it to displacement on a proper filter, until twenty-four fluid ounces are obtained.

*Syrup of Lobelia inflata.*—Take of vinegar of lobelia, six fluid ounces; sugar, twelve ounces. Dissolve the sugar in the vinegar by the aid of heat, remove the scum which rises, and strain.

The oxymel may be prepared from the vinegar in the same manner as oxymel of squills; and a combination of the two has been highly spoken of by a physician of this city, in catarrhal affections.

In making an infusion of lobelia, some acid—vinegar, for instance—should always be added.—*Amer. Jour. of Pharmacy.*

#### HYDRARGYRUM CUM CRETA.

BY JAMES HAMILTON, M.D., BALTIMORE.

THIS medical preparation has fallen into partial disuse by the physician for some time past, in consequence of not fulfilling the indications in which it is often prescribed. It had been frequently observed that, when administered in the diseases of children, in which, from its nature, or perhaps from former use, it was deemed particularly applicable, instead of producing the effect of a mild antacid and alterative, violent continued emesis has been the result, to the risk of the patient and the confusion of the physician. Occasionally another variety of it would have the most delightful effect, and unaccompanied by any emetic property; but in consequence of the risk incurred in producing violent action in very young children, and the comparative uncertainty of its operation, this invaluable preparation is now seldom prescribed, and in lieu of it the pil-hydrargyri with carb. calcis. generally substituted. Of the merit of the latter combination it is not proposed to say aught, but simply to state facts as they have occurred in relation to the hydrargyrum cum creta in numerous instances.



Having been alarmed frequently by the repeated emesis consequent on the administration of this substance, it occurred to me to examine it for the purpose of ascertaining the existence of any impurities; all the specimens bore the stamp of a celebrated London house, were smooth to the eye and touch, and on examination with a lens, no metallic globules were apparent; they were of the proper peculiar greyish blue color, and nothing could be detected whereby any fault could be attached to the article in question. Several other specimens were obtained and compared, with the same result. After witnessing its beneficial action on a young child laboring under cholera infantum, with considerable irritability of stomach, I was induced to make inquiry regarding the place where the prescription had been filled, and on comparing it with those that had been already examined, no difference still could be perceived. The mystery was, however, soon solved; as on making inquiry of the pharmacist, it was ascertained that the *hyd. cum creta* used in the prescription had been carefully prepared according to the directions in the U. S. Pharmacopœia, whereas all the other specimens that had acted violently, were traced to be of English manufacture.

Repeated use of the article since has only served to convince me, that prepared by the directions of the U. S. P. there is no safer article to children of any age, and would urge all who vend it to prepare it for themselves and abolish the use of any other.—*Maryland Medical and Surgical Journal*.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 24, 1842.

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### MEDICAL COMMUNICATIONS TO THE STATE SOCIETY.

It is customary with the Massachusetts Medical Society to publish, annually, at a convenient period after the anniversary meeting, a transcript of the records, for distribution among the Fellows—and in connection, within the same cover, the discourse pronounced before the members. Within a few days, Part I. of the third volume of the second series has been circulated, and will be found quite equal to any that have preceded it. The first article, extending through seventy-six pages, is a Medical History of the County of Franklin, by Stephen W. Williams, M.D., of Deerfield, Mass., late Professor of Materia Medica, Medical Jurisprudence, &c., in Willoughby University—being the discourse delivered by him at the late anniversary meeting of the Society. Some have presumed to object to the length of this paper; but when properly read, that is, attentively, it must be admitted that the notes are not only essential to the completeness of the history the author has written, but they are remarkable for their exactness, and therefore undeniable evidence of a mind accustomed to patient statistical inquiry. If Dr. Williams had not collected the mass of local facts which are concentrated here, it is quite

certain they would not have been gathered together by any other individual. What an immense amount of important medical topography might be compiled in this Commonwealth, were practitioners throughout the State to imitate the course pursued by Dr. Williams.

A pleasant part of the discourse is biographical—and here we expressly thank the author for the genuine gratification he has afforded. Those excellent physicians, whose good qualities and public services are chronicled for the first time in the annals of the Society, will now have their names transmitted to posterity. We discover that Dr. W. has a happy talent for this species of writing. He is an amiable man himself, and therefore dwells with peculiar satisfaction on traits of character that are honorable to humanity. With the memoir of Dr. Henry Wells, of Montague, who died in 1814, no one could reasonably find fault. He served society faithfully through a long and active life, and died in old age, beloved and venerated. The destruction of his medical papers, which were the accumulations of half a century, by the hand of a lunatic, leaves us nothing of Dr. Wells beyond the sketch to which these observations refer.

Before leaving the subject, we beg to urge it upon our professional brotherhood to establish the habit of regularly noting down every local event and circumstance within their immediate circle, whether it relates to individual cases of disease or to medical memoranda generally. The labor soon becomes a satisfaction—a mere recreation. This is obviously the daily business of Dr. Williams, who has insensibly, in this manner, collected so much of the past and the present, in the county of Franklin. What would not the county of Suffolk afford, properly arranged—and Worcester too, that very large county, if its medical history were written? More of these patient collectors are wanted, and more of the results of their labors should enrich the pages of this Journal. Formerly they were considerably numerous. But it has become fashionable to let events in medical matters find their own way to the journals, or be wholly lost.

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*Homœopathy—by Dr. Okie.*—An allusion was made a few weeks since to the answers to, or rather objections against, Dr. Holmes's lecture on Homœopathic Delusions, by A. H. Okie, M.D., and Charles Neidhard, M.D. Since then we have looked into the pamphlets, which are written in a good spirit; and if any extended controversy happens to grow out of either, the authors give conclusive evidence of being candid, sincere, high-minded men, who will quarrel genteelly.

Dr. Okie evidently winces under the thumb-screwing of Dr. Holmes, and in his efforts to protect the system of practice which is made the subject of ridicule, exhibits more ingenuity than was expected when we commenced reading the review to which he has attached his name. In defending the citadel, single-handed, Dr. Okie fights bravely. Much as we individually question the pretended merits of homœopathy, justice requires that it should be acknowledged that Dr. O. shows himself a person of extensive reading, an inquirer after truth, and a devoted worshipper at the shrine of Hahnemann, which latter is the only fault any one could find with him. He reasons well, however, and sometimes ingeniously, but not always convincingly.

Just as long as men, women and children require, or imagine they require, the assistance of art to counteract the influence of disease, new schemes will be proposed for effecting an object so desirable. One

mind cannot direct the whole machinery of society : each one has a function to perform ; and a knowledge of this fact emboldens adventurers to tamper with new remedies or experiment largely with old ones. The public health is often confided to the keeping, therefore, of a multitude who care no further about it than to use it as a means of raising a revenue. All cannot see, hear, or express themselves alike ; nor will all physicians prescribe alike. Bold, enterprising geniuses, in the medical as well as other professions, are produced in every age, and they will often become conspicuous under the most determined hostility, and grow into public favor in spite of all opposition. Dr. Hahnemann belongs to this number. He is still alive, seated, as it were, on a proud eminence, from whence he surveys the combatants in the arena below. Nothing but the uninterrupted stream of abuse that has fallen on his devoted head since the day homœopathy was first announced, has raised him from obscurity, and secured for him a name in the annals of medicine, that will not soon be forgotten.

Some have strong prejudices against all new things, upon the principle of being no friends to innovations ; and this doubtless is one cause of those moving phalanxes that have been marshalled, both in Europe and America, to check the progress of this apparently do-nothing process of medicating the sick. This opposition, however, has not succeeded ; the more homœopathy is persecuted, the better it thrives. Under these circumstances, within the last few years, instead of the death and burial of homœopathy, its advocates have multiplied four fold. For those who are honestly pursuing and persisting in the utility of the system, we entertain the respect that is due those who are intent on good works, although they may be, as we think they are, self-deceived ; but that speculating host of adventurers, whose forte consists in experimenting upon the credulity of their patrons, who look at the purse of a patient instead of his disease, and who deal in what they call homœopathy or allopathy, as convenience or interest suggests, without caring for the elementary truth of either, we entertain a sovereign contempt.

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*New York State Lunatic Asylum.*—Amariah Brigham, M.D., Superintendent of the Connecticut Retreat for the Insane at Hartford, has received the appointment of Superintendent of the New York State Lunatic Asylum, located at Utica—the noblest structure, when completed, for the exclusive use, comfort and convenience of the insane, in any country. He has accepted the office, and proposes to enter upon the duties of the place on the ensuing first day of October. Dr. Brigham will take the charge of this institution with a full sense of the vast responsibilities that must necessarily devolve upon him. But by exclusive devotedness to the welfare of those committed to his care, the countenance of the authorities of the State, and the generous support of an intelligent people, there can be no doubt of his success in this new field of labor. While we congratulate the people of New York on this happy choice, we also regret that Connecticut is to be deprived of a citizen whose influence will always be exerted for the intellectual advancement of society, and the happiness of man.

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*Annual Medical Discourse.*—Dr. Charles W. Wilder, of Leominster, Worcester county, Mass., is to deliver the next discourse before the State

Medical Society, in Boston. Should he fix either upon biographical notices of the distinguished physicians and surgeons who have spent their lives in that part of the State, or collect the medical statistics of the County, which, it is apprehended, never has been thoroughly attempted, he will be doing good service. The lives of Dr. Carter, of Lancaster, Dr. Green, of Worcester, Dr. Fiske, Dr. Haskell, and indeed many more, who were remarkable in their day for skill, energy of character, originality of thought and action—the boldest of medical pioneers, and some of them of revolutionary memory, would prove vastly interesting and instructive.

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*Physical Diagnosis.*—In the Medical College of Ohio, located at Cincinnati, a new professorship has been created, which the advanced state of medical science warrants, and which has been judiciously filled by the appointment of Dr. N. Worcester. The course of teaching to be pursued, we understand Dr. Mussey to say, would be nearly this:—The professor is to spend an hour, daily, at the Hospital, with a division of the medical class, and give each individual practical instruction on the physical signs of disease at the bed-side of the patient. He is also to lecture twice a week at the College. This course, it is believed, will be very important to all students of medicine.

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*Bites of Rabid Animals.*—A successful mode—that is, as successful as any thus far practised—is to cauterize the wound as quickly as possible. Small pustules, like little festers, are said to show themselves each side of the frenum of the tongue about the tenth day, which should also be cauterized as soon as discoverable. In the next place, the German practice of keeping the ulcers, thus formed, discharging for several months, by frequently re-applying the caustic, is regarded as very judicious and important. Occasional bleedings are spoken of as essential. In Spain, we are told, the physicians give a few grains, daily, of the *grain a la rage*—a small vegetable seed in which they have confidence as an antispasmodic. Incidentally, we have heard that some of the practitioners of Louisiana are remarkably successful in the treatment of hydrophobia. If they have made any discovery which would be of general utility, they should at once communicate it for the benefit of the public.

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*To the Editor.*—SIR,—Dr. Marshall Hall, in his tabular arrangement of nervous diseases, has signally failed to establish the positions he has assumed. It will be evident to every one who is conversant with zoology, that in the lower series of animals ingestion and retention, egestion and exclusion, nutrition and secretion, tone and irritability, may exist without the presence of spinal marrow or ganglia. Nor does it appear to me, that the functions or the reciprocal action of volition and sensation are dependent on any distinctive property in the nervous cords.

Boston, August 20th, 1842.


Yours respectfully,

WILLIAM INGALLS.

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*Medical Miscellany.*—At the late annual commencement of Geneva College, the degree of M.D. was conferred in course upon James Carpenter Billings and Charles Johnson Lee. The same, as honorary, was conferred upon Claudius Cæsar Coan, George Converse Powell, John Fred-

erick Shekels and Ariel Spafford.—Hooping cough is so prevalent at Elkton, Maryland, as to have caused great anxiety. Many children are represented to have died of it of late.—Dr. Bartlett, editor and proprietor of the New York Albion, has disposed of a part of the paper to Dr. Paul, who is to be joint editor.—Three cases of yellow fever have been identified in the Charity Hospital, in New Orleans.—A plant is found in the western prairies, the leaves of which indicate the north and south pole.

 The Index of last volume will be forwarded in the next number.

Number of deaths in Boston for the week ending Aug. 20, 44.—Males, 21; Females, 23. Stillborn, 3. Of consumption, 4—bowel complaint, 3—marasmus, 2—teething, 5—intemperance, 1—dropsy, 1—cholera infantum, 3—decline, 2—liver complaint, 2—infantile, 5—dropsy on the brain, 1—measles, 1—canker rash, 1—old age, 1—drowned, 1—inflammation of the lungs, 1—palsy, 1—fits, 1—inflammation of the bowels, 1—enlargement of the heart, 1—debility, 1—dysentery, 1—scarlet fever, 1—dropsy in the head, 1.

### JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1842-43.

THE regular Lectures will commence on the first Monday of November.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.  
ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.  
JOSEPH PANCOAST, M.D., Professor of General, Descriptive and Surgical Anatomy.  
J. K. MITCHELL, M.D., Professor of Practice of Medicine.  
THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.  
CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.  
FRANKLIN BACHE, M.D., Professor of Chemistry.

Lectures and practical illustrations will be given at the Philadelphia Hospital regularly through the course, by

DR. DUNGLISON on Clinical Medicine.

DR. PANCOAST on Clinical Surgery.

On and after the first of October, the dissecting-room will be open, and the Professor of Anatomy and the Demonstrator, Dr. Jonathan M. Allen, will give their personal attendance thereto. Clinical instruction will likewise be given regularly at the Dispensary of the College. During the course, ample opportunities will be afforded to students of the school for Clinical Instruction; Professors Dunglison, Huston and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon of the Philadelphia Dispensary.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

\*. Boarding and other personal expenses of students are at least as cheap in Philadelphia as in any other city of the Union.

Ag. 24-1020

### MASSACHUSETTS MEDICAL COLLEGE.

THE Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

	Fees.
Anatomy and Operative Surgery, - - - - -	\$15.00
Midwifery and Medical Jurisprudence, - - - - -	10.00
Materia Medica, - - - - -	10.00
Principles of Surgery and Clinical Surgery, - - - - -	10.00
Chemistry, - - - - -	15.00
Theory and Practice of Physic and Clin. Med. - - - - -	15.00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissecting Room, \$5.00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

Jy 20-eptn

WALTER CHANNING, Dean.

### ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.  
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.  
Obstetrics, by EBENEZER EMMONS, M.D.  
Materia Medica, by T. ROMEYN BECK, M.D.  
Chemistry, by LEWIS C. BECK, M.D.  
Anatomy, by JAMES H. ARMSBY, M.D.  
Institutes of Medicine, by THOMAS HUN, M.D.  
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$30. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

Al. 27-10

## UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION OF 1842-43.

THE Lectures will commence on Tuesday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by	-	-	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	-	-	ROBERT HARE, M.D.
Surgery, by	-	-	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	-	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	-	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	-	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	-	-	HUGH L. HODGE, M.D.

A course of Clinical Lectures and Demonstrations, in connection with the above, is given at the very extensive and convenient infirmary called the Philadelphia Hospital.

Clinical Medicine, by	-	-	-	W. W. GERHARD, M.D.
Clinical Surgery, by	-	-	-	DRS. GIBSON AND HORNER.

Dr. Horner continues in public attendance at the said Hospital until August 1st; and as the tickets of admission are issued for one year from November 1st, they remain valid for his course, and the other service of the house, until the time expires.

Clinical instruction in medicine is also given from the 1st day of November to the 1st day of March by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States.

The rooms for practical anatomy will be opened October 1st, and continued so to the end of March. They are under the charge of Paul Beck Goddard, M.D., Demonstrator, with a supervision on the part of Dr. Horner.

Copious additions to the very extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery and Obstetrics, have recently been made, and are in progress; the polity of the school being to give to its instructions, both Didactic and Clinical, a character as practical and influential as possible in imparting a sound medical education.

The Professor of Materia Medica, besides his cabinet, has an extensive and well-furnished conservatory, from which are exhibited, in the fresh and growing state, the native and exotic medicinal plants. 263 Chestnut street, Philadelphia, August 1, 1842.

W. E. HORNER, M.D.,

Jy. 27—eoptN10

Dean of the Medical Faculty.

NOTE.—A considerable number of the distinguished graduates of the school who are in connection with the Medical Department of the Guardians of the Poor, and with the different Dispensaries and Beneficiary establishments of the city, give clinical and elementary instruction through the year, in private, and in their rounds of practice, to such gentlemen as desire it.

## MED. DEPARTMENT OF THE COLUMBIAN COLL., WASHINGTON, D. C.

## FACULTY.

THOMAS SEWALL, M.D., Professor of Pathology and the Practice of Medicine.  
HARVEY LINDSLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.  
THOMAS MILLER, M.D., Professor of Anatomy and Physiology.  
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.  
FREDERICK HALL, M.D., LL.D., Professor of Chemistry and Pharmacy.  
WILLIAM P. JOHNSTON, M.D., Professor of Surgery.  
SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Lectures of this institution will commence on the first Monday in November, annually, and continue until the first of March.

The entire expense in a course of lectures by all the Professors, is \$70. Dissecting ticket, \$10.

Good board can be procured at from \$2 50 to \$3 per week. Most of the students during the last session paid but \$2 50 per week.

Washington, April, 1842.

July 27—eoptN1.

HARVEY LINDSLY, M.D., Dean.

## MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

THE annual course of Medical Lectures in this Institution will begin on the last Monday of October. There will be two annual sessions, the first of which will terminate on the last day of February, when candidates for the degree of Doctor of Medicine will be examined. The lecture fees for this term, are \$105.

The second term of instruction will begin on the third Monday of March, and will be continued until the middle of June, when another examination of candidates will take place. The entire fees for this course are \$50.

The spring term offers the following advantages to the student of medicine: 1st. He may annually attend a course of seven instead of four months. 2d. If he graduate at the close of the winter term, he will be allowed to attend the spring term gratuitously. 3d. If the candidate for graduation at the winter Commencement be found unprepared, he will be permitted to attend the spring course gratuitously, and to pass another examination. 4th. An attendance on two spring courses will be received as an equivalent for one winter course.

The surgical clinique is continued every Saturday throughout the year.

VALENTINE MOTT, M.D., Professor of the Principles and Operations of Surgery, and Surgical and Pathological Anatomy.

GRANVILLE SHARP PATTISON, M.D., Professor of General, Descriptive and Surgical Anatomy.

JOHN REVERE, M.D., Professor of the Theory and Practice of Medicine.

MARTIN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

Appointments by Professors of Surgery and Anatomy.

JOHN CARNOCHAN, M.D., Prosector to the Professor of Surgery.

JOHN H. WHITAKER, M.D., Demonstrator to the Professor of Anatomy.

New York, July 14, 1842.

Jy. 27—eptN1

JOHN W. DRAPER,

Secretary to the Faculty.